

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Alejandro Diaz
B.C. 900 1100 750

11 CIV. 9030

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

N.Y.C Police Department
and Officer Eliot Arias Tax no. 936140
71st Precinct
421 Empire BLVD Brooklyn N.Y.

under the
Civil Rights Act, 42 U.S.C. § 1983

(Prisoner Complaint)

Jury Trial: Yes No

(check one)

(In the space above enter the full name(s) of the defendant(s). If you
cannot fit the names of all of the defendants in the space provided,
please write "see attached" in the space above and attach an
additional sheet of paper with the full list of names. The names
listed in the above caption must be identical to those contained in
Part I. Addresses should not be included here.)

I. Parties in this complaint:

A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name Alejandro Diaz
ID # 900 1100 75
Current institution NIC - OBCC
Address 1500 Hazen St. East Elmhurst
N.Y. 11370

B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

71st precinct Brooklyn N.Y.
Officer Eliot Arias

Defendant No. 1

Name Eliot Arias

Tax No. 936140

Shield #

Where Currently Employed 71st precinctAddress BrooklynN.Y.
421 Empire BLVD. Brooklyn N.Y.

Defendant No. 2

Name _____ Shield # _____

Where Currently Employed _____

Address _____

Defendant No. 3

Name _____ Shield # _____

Where Currently Employed _____

Address _____

Defendant No. 4

Name _____ Shield # _____

Where Currently Employed _____

Address _____

Defendant No. 5

Name _____ Shield # _____

Where Currently Employed _____

Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur? _____

See attached

B. Where in the institution did the events giving rise to your claim(s) occur? _____

N/A

C. What date and approximate time did the events giving rise to your claim(s) occur? _____

May 17 2011 See attached

II. Facts: See attached

Who
is injured
to you?

Who did
it?

Was
anyone
else
involved?

Who else
saw what
happened?

VII. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

Will send with Hospitals records
from Kings County Hospital and
Long Island Hospital. Contusions
and Scrapes on knees Back and
Arms. M.R.I and X-Rays and
given Pain Killers (percocets)

V. Exhaustion of Administrative Remedies:

N/A

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes No

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

N/A

3. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes No ✓ Do Not Know

4. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes No ✓ Do Not Know

If YES, which claim(s)?

5. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes No ✓

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes No ✓

6. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

N/A

1. Which claim(s) in this complaint did you grieve? N/A

2. What was the result, if any? N/A

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. N/A

7. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: N/A

2. If you did not file a grievance but informed any officials of your claim, state who you

informed, when and how, and their response, if any:

N/A

5. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

N/A

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount).

a) It is my hope that those of us that are and wheelchair bound when arrested are transported with our wheelchair, which means at the very least that special transportation for the physically handicapped is mandatory.

c) The basis for the other reasons than monetary compensation is stated in the above. My monetary compensation See attached

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes No

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

TAX NO. 936140 421 EPIVE BLVD- BK-N.Y. 71st precinc

2. Court (if federal court, name the district; if state court, name the county) N/A

3. Docket or Index number N/A

4. Name of Judge assigned to your case N/A

5. Approximate date of filing lawsuit N/A

6. Is the case still pending? Yes No N/A

If NO, give the approximate date of disposition N/A

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) N/A

C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes No N/A

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff N/A

Defendants N/A

2. Court (if federal court, name the district; if state court, name the county) N/A

3. Docket or Index number N/A

4. Name of Judge assigned to your case N/A

5. Approximate date of filing lawsuit N/A

6. Is the case still pending? Yes No N/A

If NO, give the approximate date of disposition N/A

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) N/A

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 8 day of November 2011.

Signature of Plaintiff

Inmate Number

Institution Address

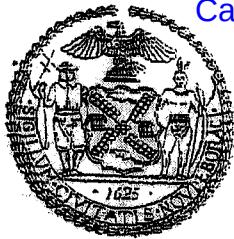
Alejandro Diaz
19001100750
1500 Hazen St.
East Elmhurst NY.
11370

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 8 day of November 2011, I am delivering this complaint to prison authorities to be mailed to the Pro Se Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff

Alejandro Diaz



THE CITY OF NEW YORK OFFICE OF THE COMPTROLLER
1 CENTRE STREET, NEW YORK, N.Y. 10007-2341

John C. Liu
COMPTROLLER

015-196

Date: 07/07/2011
Claim no: 2011PI024581
Claimant: ALEJANDRO DAIZ

ALEJANDRO DAIZ
1500 HAZEN ST
E ELMHURST, NY 11370 -

Dear ALEJANDRO DAIZ:

This office is in receipt of your inquiry regarding your claim. In order to assist us in evaluating the claim, please provide the following:

- Copies of hospital and doctor records indicating a diagnosis
- Photos of the defect and area where you allegedly fell
- Copies of bills and proof of payment to medical providers
- Copies of your pay stubs & proof of lost wages from your employer
- Your social security number [REDACTED]
- Your date of birth [REDACTED]

Other: _____

If you have any questions, please contact me at (212) 669-4445
Please be advised that if we are unable to reach a settlement you must begin a lawsuit within one year and ninety days of the occurrence in order to preserve your rights under the law.

Sincerely,

ROBERT HOWE
-- SUPERVISOR --

RECEIVED
SUNY PROBATION
2011 DEC -5 PM 10:55



THE CITY OF NEW YORK
OFFICE OF THE COMPTROLLER
CLAIMS AND ADJUDICATIONS
1 CENTRE STREET ROOM 1200
NEW YORK, N.Y. 10007-2341

WWW.COMPTROLLER.NYC.GOV

Michael Aaronson
Chief, Bureau of Law and
Adjustment
015 - 151

John C. Liu
COMPTROLLER

Date: 07/06/2011
Claim No: 2011PI024581
RE: Acknowledgment of Claim

ALEJANDRO DAIZ
1500 HAZEN ST
E ELMHURST, NY 11370

Dear Claimant:

We acknowledge receipt of your claim, which has been assigned the claim number shown above. Please refer to this claim number in any correspondence or inquiry you may have with our office.

We will do our best to investigate and, if possible, settle your claim. However, if we are unable to resolve your claim, **any lawsuit against the City must be started within one year and ninety days from the date of the occurrence.**

If you have any questions regarding your claim, you may contact us at either 212-669-8750 for property damage claims or 212-669-4445 for claims involving personal injury.

Sincerely,
Michael Aaronson

NOTICE OF INTENTION TO FILE CLAIM
AGAINST NEW YORK CITY1) Name and address of person filing claim:
ALEJANDRO DIAZ
1500 HARRISON ST2) Summary of reason that this claim arises:
I WAS SUBJECTED TO CRUEL, HARSH
CONDITION AND DENIED MY RIGHTS3) Date that the incident took place:
MAY 17, 20114) Amount of damages being sought:
1,000,000

Verification/Affidavit of Service

State of New York
County of Bronx) ss:

Deposes and Says:

I am the claimant filing this notice, and that, within 90 days from the date of incident I filed an original copy of this Intention upon the Office of the Comptroller for New York City together with two exact copies thereof, and that such service was perfected by using the United States Postal Service Certified Mail with a Return Receipt requested, and that all the information contained within this Intention is true and correct to the best of my personal knowledge, except for matters made upon information or belief and those are matters I believe to be true and correct.

Respectfully,

SWEAR TO BEFORE ME THIS

MAY 17, 2011

Olton J. Akpan Jr
Notary Public, State of New York
Qualified in Queens County
Registration No. 91AK6161518
Commission Expires February 26, 2015

(SEE ATTCH.)
PERSONAL INJURY CLAIM FORM

Claim must be filed in person or by registered or certified mail within 90 days of the occurrence at the NYC Comptroller's Office 1 Centre St. Room 1225, New York, New York 10007. It must be notarized. If claim is not resolved within 1 yr and 90 days of the occurrence you must start legal action to preserve your rights
To the Comptroller of the City of NY: I herewith present my claim against the City of New York
TYPE OR PRINT

PERSONAL INFORMATION

Last name of Claimant ALEJANDRO First ALEJANDRO
1300THAZEN ST E. Elmhurst NY 11370
Address Borough Zip Telephone

Date of Birth

Social Security Number

ACCIDENT / INCIDENT INFORMATION # 167

Date of Incident 11/09/2011

Exact Location of Incident

Time 1:30Describe how incident happened
They took away my wheelchair out of the carTime 1 AMDescribe how incident happened
and the guy provided me a special wheelchair and

Were there Witnesses?

involved in the incident that I was in a wheelchair

Address of Witness(es)

wheelchair and I was thrown a car with noconsideration for my disability

Address of Witness(es)

consideration for my disabilityWere Police present at accident site Yes () No ()Police Report # N/A

Police Officer's Name(s)

Shield #

Precinct

Police Officer Mr. ARIAS TAX # 936140 COMMERCIAL 011

MEDICAL INFORMATION

Location of first Medical Treatment

Date of First Treatment 11/09/2011Long Island College HospitalName of Hospital Long Island County Hospital

Was claimant taken

Date treated in

Name of Hospital

by ambulance

emergency room

Name of Hospital

Yes11/09/22Long Island College Hospital

Name and address of treating physician(s)

N/A

Describe injury in detail

Severe pain due to medication for SIDS

EMPLOYMENT INFORMATION

Status on day of accident

Amount earned

Days lost

Employed ()

weekly \$

from work

Unemployed ()

N/AN/A

Employer's name and address

DOCTOR AND HOSPITAL EXPENSES

Do you have

Amount of out of pocket medical bills

insurance

Doctor \$ N/A

Hospital \$

N/A

Are bills submitted with this claim?

COMPLETE IF ACCIDENT INVOLVES A NYC OWNED VEHICLE

Was claimant owner

If no, name & address of owner

of the vehicle

N/AN/A

Policy #

Was claimant the

Name & address of Insurance Company

() driver

N/AN/A

Policy #

() passenger

Plate # of NYC Vehicle

Plate # of car claimant was in

N/AN/A

NYC Agency owner of car

Name of driver of NYC car

N/AN/ADate 6-9-2011Signature of Claimant Alejandro Diaz

State of New York

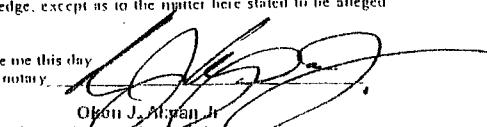
County QueensI, being duly sworn deposes and says that I have read the foregoing NOTICE OF CLAIM
and know the contents thereof; that is true to the best of my own knowledge, except as to the matter here stated to be alleged
upon information and belief, and as to those matters, I believe them to be true

Signature of

claimant Alejandro Diaz

Sworn before me this day

Signature of notary


 Notary Public, State of New York
 Qualified in Queens County
 Registration No. 9IAK6161518
 Commission Expires February 26, 2015

PROPERTY CLERK INVOICE
PD 521-141 (Rev. 11-09)

R922353

ARREST EVIDENCE UNARREST EVIDENCE FORFEITURE FOUND PROPERTY PEDDLER PROPERTY
 INVESTIGATORY UNINVESTIGATORY DECEDENT'S PROPERTY UNSAFEKEEPING OTHER:

Inviting Officer Rank/Name: **DJ ALIAS** Tax No: **936140** Command: **071** Invoice Date: **5/18/11** Inviting Command: **(071)**

Assisting Officer Rank/Name: **DJ ALIAS** Tax No: **936140** Command: **071** Complaint No. (if Per. (s)) **2011-071-3461** Altered/ Accident No. **0**

Investigating Officer Rank/Name: **U/A** Tax No: Command: Rebill Comp. No. (if Per. (s)) OCIE EUT No.

Detective Squad Supervisor Rank/Name: **U/A** Tax No: Command: Det. Squad Case No. OCIE FR No.

Subject Processing Officer Rank/Name: **U/A** Tax No: Command: Police Lab Evnt. Control No. SUBJECT Run No.

Case: Date: **5/17/11** Corp/Offense Under Investigation: **UPCS** Fel Misd Viol J.D. Neglect Sex Off Arson Explosive Internet Homicide Kidnap Violent

Finder of Property: **U/O** Address (Include City, State, Zip, Apt): **421 EMPIRE BLVD BR NY** Telephone No: **7187390511**

Owner of Property (See Instructions): **U/AZ AL JAHADU** Address (Include City, State, Zip, Apt): Telephone No:

Complainant's Last Name, First Name: **ESMY** Address (Include City, State, Zip, Apt): **421 EMPIRE BLVD BR NY** Telephone No: **7187390511**

Prisoner's Last Name, First Name, M.I.: **U/AZ AL JAHADU** D.O.B.: Address (Include City, State, Zip, Apt): Arrest No: **1116484804**

Additional Invole Nos. Related to This Case Including Vehicles: **R922354**

ITEM No.	QTY	ARTICLE	CASH VALUE USC only	PEDDLER/LEAD SEAL No.	SEARCHARCO ENVELOPE No.	DISPOSITION & DATE (Property Clerk Use Only)
1	1	YELLOW METAL-WATCH		471973	A029813	
2	1	YELLOW METAL RING		471973	A029813	
3	2	YELLOW METAL CHAINS		471973	A029813	
4	1	YELLOW METAL CROSS		471973	A029813	
REMARKS: THE ABOVE IS A COMPLETE LIST OF ALL PROPERTY VOUCHERED						

Prisoner No: Prisoner 1 D.O.B.: Address (Include City, State, Zip, Apt): Total No. of Prisoners:

Prisoner 2 D.O.B.: Address (Include City, State, Zip, Apt): Total No. of Prisoners:

Prisoner 3 D.O.B.: Address (Include City, State, Zip, Apt): Total No. of Prisoners:

REMARKS: Briefly explain why the property was taken into custody (see instructions on back of this form): **THE ABOVE PROPERTY IS BEING VOUCHERED FOR SALE/RETURN AND IS SECURED IN JSP#0922354 AND WITH LEAD SEAL # A71973.**

7. DISTRIBUTION: **1. WHITE - PCD File Copy 2. 2nd WHITE - Inventory Unit Copy 3. YELLOW - PCD Work Copy**
4. BLUE - Backed Investigator's Copy 5. GREEN - ADA Copy 6. PINK - Prisoner/Under Copy 7. GOLD - A.O.'s Copy

Inviting Officer Rank/Name (Printed): Signature: Tax No: Command: PCD Storage Facility:

Supervisor Rank/Name (Printed): Signature: Tax No: Command: PCD Location (Shelf No.):

PDS Delivering to PCD Rank/Name (Printed): Signature: Tax No: Command: PCD Storage No.:

PDS Receiving PDS Rank/Name (Printed or Stamped): Signature: Tax No: Command: PCD No.:

PCD Storage Facility: Signature: Tax No: Command: PCD Location (Shelf No.):

PCD Location (Shelf No.): Signature: Tax No: Command: PCD Storage No.:

PCD Storage Facility: Signature: Tax No: Command: PCD Location (Shelf No.):

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To: Internal Affairs for NYC Police Department.
From: Alejandro Diaz # 900-1100-750
1500 Haven St
E. Elmhurst, N.Y.
11370

Re: To file a complaint against P.O. Arias from 71rd precinct Kings county, and the other officer participating in the arrest.

Date: June 24, 2011

Dear: Sir/ Ms

I want to file a complaint and request an investigation concerning my arrest on May 17 2011, In addition with cruel and harsh conditions I was subjected to with showing indifference in being transported with out the required transportation, In accommodation for my disability, It is my contention that my arrest was illegal and unlawful, The two officers for no apparent reason forcibly entered my place of residence that I share with my common law wife, as in result, arresting myself and my common law wife to coverup their wrongs, to prevent me from charging them with profiling, discrimination and assault, I later learned that I was charged with possession of narcotics, and that my common law wife coerced under duress and threats to write a statement against me, and sign some papers giving consent to search our residence for the fact of them having done so, to lend credibility to their fabricated, and manufactured desired claims these police officer instead of upholding the law by virtue o not anticipating any challenge simply boldly broke the law and violated my constitutional rights in the process In conclusion I hope to hear from your office to provide you with further details regarding this matter.

Thank You
cordially, Alejandro Diaz 24-6-2011

Okon J. Alejandro
Notary Public, State of New York
Qualified in Queens County
Registration No. 01AK6161518
Commission Expires February 28, 2013